

**VIRGINIA DEPARTMENT OF HEALTH
AIDS DRUG ASSISTANCE PROGRAM
MEDICARE PART D ELIGIBILITY EXCEPTION REQUEST FORM**

Please fax form to (804) 864-8050, Division of Disease Prevention, Health Care Services Unit.

Request for Exception:

A Medicare eligible AIDS Drug Assistance Program (ADAP) client who qualifies for the low-income subsidy (LIS) with an income from 135% to 150% of the Federal Poverty Level but who is unable to meet Part D cost sharing requirements may request an eligibility exception.

Date: _____

Print Client's Name: _____

I am requesting an eligibility exception to get medications through the ADAP. I am unable to meet cost-sharing requirements or obtain assistance with these costs and will not be able to obtain my medications through Medicare Part D.

Signature of Patient (required)

Date

The following documents must be sent to the central office through local health department (LHD):

- LIS qualification letter from Social Security or Department of Social Services
- Copy of Part D Plan card or acknowledgment letter
- ADAP Medicare Part D Assessment Form

Please indicate the organizations contacted for cost sharing assistance:

- Local consortia _____ Date: _____
- Social services _____ Date: _____
- Charitable organization _____ Date: _____
- Other: _____ Date: _____

The above named Medicare enrolled client is seeking an eligibility exception for ADAP. The above listed organizations have been contacted and were unable to provide cost sharing assistance.

Signature of Case Manager, Client Advocate, or Primary Care Provider (required)

Date

Signature of LHD ADAP Coordinator/LHD Staff (required)

Date

VDH USE ONLY

Request Approved

Request Denied

Rationale: _____

Signature: _____ Date: _____